

Greenfield Health Department

14 Court Square, Greenfield, MA 01301



Phone: (413) 772-1404

Fax: (413) 772-2238

TEMPORARY FOOD SERVICE APPLICATION FORM

Completed form must be submitted at least 14 days before event. Fees are doubled for late applications received within 14 days of event. **NO APPLICATIONS WILL BE ACCEPTED ON THE DAY OF THE EVENT.**

Temporary Food Permit Fees	
<u>Applications filed 14 or more days before event</u>	<u>Applications filed within 14 days of event (Late)</u>
<input type="checkbox"/> First permit in calendar year - \$50	<input type="checkbox"/> First permit in calendar year - \$100
<input type="checkbox"/> Second/subsequent permits in calendar year - \$20	<input type="checkbox"/> Second/subsequent permits in calendar year - \$40
<u>Farmer's Market Permit Fee</u>	
<input type="checkbox"/> Greenfield Farmer's Market - \$40	<input type="checkbox"/> Winter Farmer's Market - \$20
Fees waived for tax-exempt organizations. IRS or Mass. DOR Exemption # _____	

EVENT INFORMATION

EVENT NAME: _____	EVENT LOCATION: _____
EVENT DATE(S): _____	EVENT TIME: _____

VENDOR INFORMATION

NAME OF ORGANIZATION: _____
Applicant's Name: _____
Address: _____
City: _____ State: _____ Zip Code: _____
Phone: () _____ Phone: Day of Event () _____
Structure: Booth () Mobile Unit () Tent () Other (please describe) _____

- ☐ 1. It is required that at least one full-time person-in-charge has passed an **accredited food protection management exam** and has completed **Food Allergy Awareness Training**.*

Name of Certified Food Protection Manager:

Name of Food Allergen Awareness Trained Employee:

***A copy of the Food Managers Certification and Food Allergy Awareness certificate is required with the first permit application each calendar year.**

☐ 2. Allergy notice is printed on all menus and menu boards ☐ YES ☐ NO
(notice is required to be posted on all menus and menu boards in Massachusetts)

☐ 3. Will all foods be prepared at the temporary food service booth?

☐ **YES** (Any food that produces grease laden vapors – you **must contact Fire Prevention @ (413)774-4737 x1114**. Failure to meet fire code requirements set in 527 CMR 1.00, 50.2.1.9 and NFPA 96, 4.1.9 will result in no food permit being issued.)

☐ **NO** Attach a copy of the food permit of the approved commercial kitchen and agreement for use of approved kitchen giving dates and times.

Menu: _____ attached or list **all** items below

List all **potentially hazardous foods** being served*:

List all **non-potentially hazardous** foods being served*:

*Any changes must be submitted in writing to the Board of Health at least seven days prior to the event

☐ 4. **YES** _____ I am providing **no** foods, which are homemade. All foods are prepared on site from approved commercial establishments.

Name of Establishment: _____ **Permit #** _____

☐ 5. I am providing the following hot temperature control for the hot holding of all potentially hazardous foods above 140*f. Reheated potentially hazardous foods, which are reheated for hot holding, shall be discarded if not used or sold by the end of the day.

Describe hot holding equipment:

☐ 6. **YES** _____ I am providing the following cold temperature control for the cold holding of potentially hazardous foods.

Describe cold holding equipment:

☐ 7. **A) YES** _____ I am providing a metal stem-type thermometer (0-220*f) to measure the hot and cold holding of potentially hazardous food.

B) YES _____ I am providing a thermometer for every refrigerator unit. This includes all coolers.

- ☐ 8. YES _____ I am providing alternative means to bare hand contact with ready-to-eat (RTE) foods. Please describe:

- ☐ 9. Hand washing facilities: _____ Plumbed sink or _____ Gravity flow container with catch basin
(At minimum you need a 5 gallon insulated container with a spigot, a bucket for the collection of waste water, pump soap, paper towels, and a lined trash receptacle.)

- ☐ 10. Utensil washing facilities: _____ Three compartment sink. or _____ Three deep tubs/basins (one for soapy water, one for rinse water and the other for sanitizing solution.)

- ☐ 11. I am protecting my unpackaged food and food preparation areas from flies, dust, and the public by the following methods:

- ☐ 12. Please use attached form drawing a sketch of your booth.

- ☐ 13. Yes _____ I have read and understand the "Are You Ready" checklist.

I hereby consent to inspection by the Greenfield Board of Health Department and acknowledge that issuance and retention of this permit is contingent upon satisfactory compliance with local temporary food service requirements, a copy of which I have received.

Applicants Signature: _____ Date: _____

PLEASE NOTE: FAILURE TO SUBMIT APPLICATION, COMPLETELY AND ON TIME WILL RESULT IN THE DOUBLING OF THE FEE FOR EACH UNIT.

Applications will NOT be accepted on the day of the event.

****Please Note: Any food produced on site that produces grease laden vapors, you must contact Fire Prevention @ (413)774-4737 x1114. Failure to meet fire code requirements set in 527 CMR 1.00, 50.2.1.9 and NFPA 96, 4.1.9 will result in no food permit being issued.****

Permits will be issued after successfully passing inspection at the time of the event.

ATTENTION:

ALL MEATS MUST BE COMMERCIALY PREPARED AND BE IN BOXES OR PACKAGES WHICH BEAR
THE USDA SYMBOL:



MEATS WHICH DO NOT BEAR THE USDA SYMBOL MAY BE SUBJECT TO CONFISCATION AND
DESTRUCTION.

THANK YOU FOR YOUR ANTICIPATED COOPERATION.

Chapter 62C: Section 49A Certification of compliance with tax laws as prerequisite to obtaining license or governmental contract. In part states:

Section 49A. (a) Any person applying to any department, board, commission, division, authority, district or other agency of the commonwealth or any subdivision of the commonwealth, including a city, town or district, for a right or license to conduct a profession, trade or business, or for the renewal of such right or license, shall certify upon such application, under penalties of perjury, that he has complied with all laws of the commonwealth relating to taxes, reporting of employees and contractors, and withholding and remitting child support. Such right or license shall not be issued or renewed unless such certification is made.

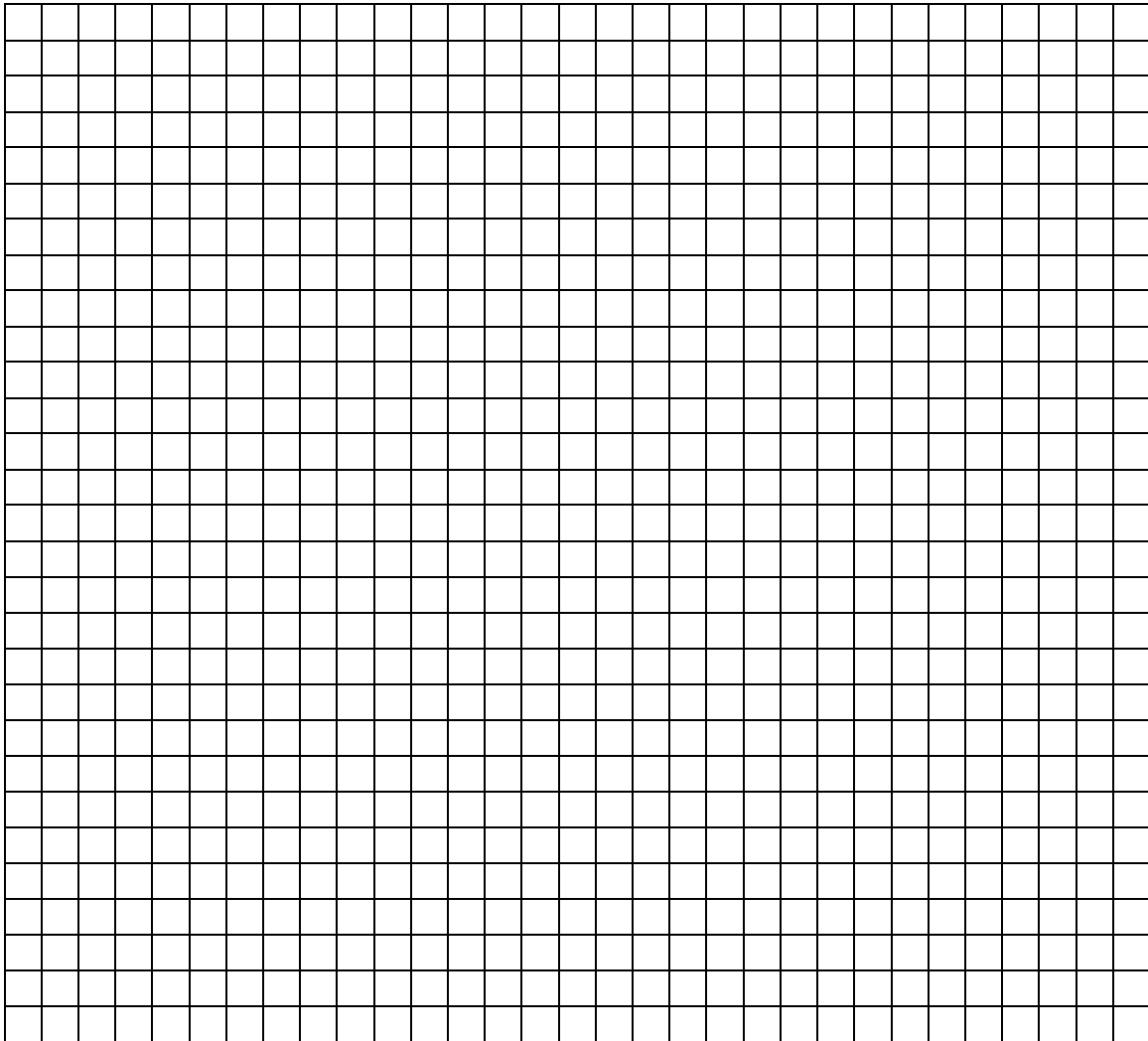
My signature certifies under the penalties of perjury that I, to the best of my knowledge and belief, have filed all state tax returns and paid all state taxes. I have fully complied with Chapter 62C; Section 49A.

Signature of Applicant: _____ Date signed: _____

Please draw a sketch of the booth

A. Draw in the location and identify all equipment including hand wash facilities, dish wash facilities, ranges, refrigerators, worktables, food/single service storage, etc. (A certificate from the Fire Department is required for all open flames.)

B. Describe floor, wall and ceiling surfaces:



BOARD OF HEALTH COMMENTS:

PERMIT NUMBER _____ APPROVED BY: _____
Copy to Applicant: _____ In Person _____ Mailed Date _____

DATE
(Updated 6/15/15)